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	Application Number	10/666,557-Conf. #5540		
TRANSMITTAL	Filing Date	September 22, 2003		
FORM	First Named Inventor	John H. Sohl, III		
	Art Unit	3629		
(to be used for all correspondence after initial filing)	Examiner Name	M. J. Fisher		
Total Number of Pages in This Submission	Attorney Docket Number	36507-193187		

Transmittal Form SB-17	ENCLOSURES (Check all that apply)							
Transmittal Form Sts-21	X Fee Transi	mittal Form SB-17	Drawing(s)					
After Final Provisional Application   Petition for Convert to a Provisional Application   Proprietary Information   Proprietary Information   Proprietary Information   Proprietary Information   Proprietary Information   Status Letter   X Status L	x Tran	smittal Form SB-21	Licensing-related Papers					
Provisional Application   Provisional Appl	x Amendme	nt	Petition		Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)			
Change of Correspondence Address   Change of Correspondence Address   Common of Change of Common of Change of Common of Change of	After	Final						
Request for Refund   Petition for Extension of Time	Affida	avits/declaration(s)	Power of Attomey, Revocation Change of Correspondence A	n Address	Status Letter			
Request to Restard   Information Disclosure Statement   CD, Number of CD(s)     Certified Copy of Priority   Landscape Table on CD     Reply to Missing Parts   Reply to Missing Parts under     Reply to Missing Parts under   SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT     Firm Name   VENABLE LLP     Signature   My   My     Printed name   Kyle D. Potalia	X Terminal Disclaimer		Terminal Disclaimer		X Other Enclosure(s) (please Identify below):			
Cartified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Remarks Reply to Missing Parts under 37 CFR 1.52 or 1.53  SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT  Firm Name VENABLE LLP Signature  Kyle D. Potaja	Express Abandonment Request		Request for Refund					
Reply to Missing Parts Incomplete Application Remarks Reply to Missing Parts under 37 CFR 1.52 or 1.53  SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT  Firm Name VENABLE LLP  Signature  My My Printed name Kyre D. Potaja	Information	Disclosure Statement	CD, Number of CD(s)					
Incomplete Application  Reply to Missing Parts under 37 GFR 1.52 or 1.53  SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT  Firm Name  VENABLE LLP  Signature  Kyle D. Potája			Landscape Table on 0	CD				
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT  Firm Name VENABLE LLP  Signature  Myle D. Potaja	Reply to M Incomplete	lissing Parts/ Application	Remarks					
Firm Name VENABLE LLP Signature Myle D. Petaja	Repl 37 C	Reply to Missing Parts under						
Firm Name VENABLE LLP Signature Myle D. Petaja								
Firm Name VENABLE LLP Signature Myle D. Petaja								
Signature /// Ag/ Printed name Kyrie D. Petaja		SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT						
Printed name Kyle D. Petaja	Firm Name	Firm Name VENABLE LLP						
	Signature Myh Afri							
Date January 21, 2009 Reg. No. 60,309	Printed name Kyle D. Petaja							
	Date January 21, 2009				60,309			

	Complete if Known		
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).	Application Number	10/666,557-Conf. #5540	
FEE TRANSMITTAL	Filing Date	September 22, 2003	
	First Named Inventor	John H. Sohl, III	
For FY 2009	Examiner Name	M. J. Fisher	
X Applicant claims small entity status. See 37 CFR 1.27	Art Unit	3629	
TOTAL AMOUNT OF PAYMENT (\$) 1,526.00	Attorney Docket No.	36507-193187	

		METHOD OF	PAYMEN	IT (check all th	nat apply)			
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Charge any ad fee(s) under 37	ditional fee(	s) or underpay and 1.17	ments of	x Credit	any overpay	yments		
			EE CALC	ULATION				
1. BASIC FILING, SEARCH								
		G FEES	SEAR	CH FEES Small Entity	EXAMINA	Small Entity		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees P	ald (\$)
Utility	330	165	540	270	220	110		
Design	220	110	100	50	140	70		
Plant	220	110	330	165	170	85		
Reissue	330	165	540	270	650	325		
Provisional	220	110	0	0	0	0		
2. EXCESS CLAIM FEES								Small Entity Fee (\$)
Fee Description Each claim over 20 (includi	ng Reissues	)					Fee (\$) 52	26
Each independent claim over							220	110
Multiple dependent claims							390	195
	ra Claims	Fee (\$)		Paid (\$)	Ms	ultiple Depende		
HP = highest number of total clai		26.00 = reater than 20.	\$1,	456.00	Fee	<u>) (\$)</u>	ee Paid (\$	<u>.</u>
	ra Claims	Fee (\$)	Fee	Paid (\$)				
3 -3 or HP =		110.00 =		0.00				
HP = highest number of indepen	tent claims pai	for, if greater the	an 3.					
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S. C. 41(a)(1/d) and 37 CFR 1.16(e).								
	tra Sheets			itional 50 or fra			Fee	Paid (\$)
-100 = /50 = (round up to a whole number) x =				Paid (\$)				
<ol> <li>OTHER FEE(S)</li> <li>Non-English Specificati</li> </ol>	\$120 fi	a (no emall e	ntity discou	nt)			1000	
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		SUBMITTED BY			
Signature	Unh foly	Registration No. (Attorney/Agent)	60,309	Telephone	(202) 344-4457
Name (Print/Typ	Kyle D. Petaja			Date	January 21, 2009